Image# 26930019891

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	MIO	N							
		(See instruction	ıs)					Office us	e only		
1. NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		pple: If typying, typ the lines	е	12FE	4M5				
Wexler & Wa	lker Public Policy	Associates Polit	ical Act	ion Committee	<u> </u>		11	1 1			لب
			ш			ш			ш	ш	لــــا
ADDRESS (number an	d street)	F Street NW			11		1.1	1.1	ш		ш
(Check if add	Suite	e 600			1 1	111	1.1	1 1			Ш
is changed)		nington				PC	L	2	0004	بــا.	لب
COMMITTEE'C E M	ALL ADDDECC		CITY			STATE	•		ZIP COE)E 📥	
COMMITTEE'S E-M. tripp@wexler											1
COMMITTEE'C WE	DAGE ADDRESS (U	<u>IIIII</u>									Щ
COMMITTEES WE	B PAGE ADDRESS (U	HL)									1
									Ш		Ш.
									ш	ш	Ш
COMMITTEE'S FAX 2023475614	NUMBER	ل									
2. DATE M	M / D D / Y	2006									
3. FEC IDENTIFICATION NUMBER C C00248195											
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)											
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete											
Type or Print Name of Treasurer Mary Tripp											
Type or Print Name of Treasurer Mary Iripp											
Signature of Treasure	er Electronically File	d by Mary Tripp)		_ !	Date	0 3	/ D	3 0 ′	Y Y	0 [°] 0 6 [°]
NOTE: Submission of t	false, erroneous, or incon	nplete information may							J.S.C. S4	37g.	
Office Use Only				For further information Federal Election Co Toll Free 800-424-9 Local 202-694-110	mmissi 9530				C FOI		

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5.	TYPE OF COMMITTEE (Check On	e)				
	(a) This committee is a	principal campaign committee. (Complete the candidate info	rmation below.)			
	(b) This committee is an information below.)	n authorized committee, and is NOT a principal campaign co	mmittee. (Complete the candidate			
	Name of Candidate					
	Candidate Party Affiliation	Office House Senate	State President District			
	(c) This committee supp	orts/opposes only one candidate, and is NOT an authorized	committee.			
	Name of Candidate					
	(d) This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	(e) X This committee is a s	separate segregated fund				
	(f) This committee suppromittee.	orts/opposes more than one Federal candidate, and is NOT	a separate segregated fund or party			
ô.	Name of Any Connected Organiz	ation or Affiliated Committee				
	Wexler and Walker Public Po	licy Associates				
L						
	Mailing Address	1317 F Street NW				
	L	Suite 600				
	Lı	Washington	DC20004			
		CITY	STATE ▲ ZIP CODE ▲			
	Relationship Connect	ed Organ.				
	Type of Connected Organization:					
	X Corporation	Corporation w/o Capital Stock	Labor Organization			
	Membership Organization	Trade Association	Cooperative			

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٧	Vrite or Type Commi	ttee Name							
	Wexler & Wall	ker Public Policy	Associates Political Action	1 Committee					
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.								
	Full Name Shannon Witcher Full Name								
	Mailing Address		3320 Curtis Dr. Apt. 1	02,					
			Suitland		20746				
	Title or Position ▼	,	CITY A	STATE	ZIP CODE A				
	F	PAC Secretary		Telephone number 202	347 5614				
	of Treasurer Mailing Address	Mary Tripp	2914 North 24th Stree	et					
			Arlington						
	Title or Position ♥	,	CITY A	STATE	ZIP CODE ▲				
		Treasurer		Telephone number 202	638 2121				
	Full Name of Designated Agent	Ms Patric Lin	k						
	Mailing Address		6118 Franklin Park R	s.					
			McLean		22101				
	Title or Position ▼	,	CITY A	STATE A	ZIP CODE A				
	,	Assistant Treasu	rer	202	638 2121				

Telephone number

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.		
	Name of Bank, Depository, etc.		
	Bank o	f America	
	Mailing Address	700 13th Street, NW	
		Washington DC 2	20005 _

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

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Banks or Other Depositori safety deposit boxes or main	ntains funds.	other depositories in which the commit		s accounts, rents
Name of Bank, Depository, 6	atc.			[ADDITIONAL]
ı				1
Mailing Address				
		CITY 🛆	STATE 🛆	ZIP CODE 🛕
Name of Any Connected	Organization or Affilia	ited Committee		ADDITIONAL
	g			[ADDITIONAL]
None				
Mailing Address	600 NEW HAI	MPSHIRE AVENUE, NW		
	WASHINGTO	N HARBOUR		
	WASHINGTO			20037 _
	WASHINGTO		DC	
		CITY	STATE A	ZIP CODE 🛦
Relationship Affili	iated Committee			
Type of Connected Organiz	ration:			
Corporation		Corporation w/o Capital Stock	Labor Org	ganization
Membership Orga	nization	Trade Association	Cooperat	ive

Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ♥	CITY A	
		elephone number